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| TRANSMITTAL FORM | Application Number | 10/747,938 |
| (To be used for all correspondence after initial filing) | Filing Date | December 29, 2003 |
| | Inventor | M.A. SCHMISSEUR |
| | Group Art Unit | 2113 |
| | Examiner Name | Mujtaba M. Chaudry |
| | Attorney Docket Number | P17729 |

ENCLOSURES (check all that apply)

| | | |
|---|---|---|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Assignment Papers (for an application) <input type="checkbox"/> Formal Drawings: ____ Replacement sheets | <input type="checkbox"/> Certificate of Correction of Applicant's Mistake (37 CFR 1.323) <input type="checkbox"/> Certificate of Correction of Office Mistake (37 CFR 1.322) |
| <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits /Declarations | <input type="checkbox"/> Licensing-related papers <input type="checkbox"/> Petition: _____ | <input type="checkbox"/> Appeal Communication to Group (<i>Appeal Notice, Brief, Reply Brief</i>) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Power of Attorney, Revocation, and/or Change of Correspondence Address | <input checked="" type="checkbox"/> Fee Address Indication Form <input checked="" type="checkbox"/> Issue Fee Transmittal Form |
| <input type="checkbox"/> Information Disclosure Statement; ____ references | <input type="checkbox"/> Terminal Disclaimer | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> Request for Refund | |
| <input type="checkbox"/> Response to Missing Parts/Incomplete Application | <input type="checkbox"/> CD, Number of CD(s) ____ | |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input checked="" type="checkbox"/> Comments on Statements of Reasons for Allowance | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | |
|--|---|
| Firm or Individual Name: | William K. Konrad, Registration No. 28,868 |
| Signature: /William Konrad/ | |
| Date: January 29, 2007 | January 29, 2007 |
| KONRAD RAYNES & VICTOR, LLP 315 South Beverly Drive, Suite 210 Beverly Hills, California 310-556-7983 | The Commissioner is authorized to charge to Deposit Account No. 50-0585 any additional fee required under 37 CFR 1.16 and 1.17, including all required extension of time fees, and charge any other deficiency or credit any overpayment to this deposit account. |

CERTIFICATE OF MAILING OR TRANSMISSION

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| I hereby certify that this correspondence is being transmitted through the USPTO EFS-Web system over the Internet on the date indicated below. | | |
| Typed or Printed name: | William K. Konrad | Customer No. 46915 |
| Signature: | /William Konrad/ | |
| Date: | January 29, 2007 | |